

Kryssarvägen 10, Näsby Park den 10 mars 1961

Dr. K. E. Karlson

Dear Karl,

It was nice to get your very informative letter. I shall send a letter to Bill Altemeier by this same mail, and I suspect he will contact you about attending as a guest. It is possible that there might be some limitation in the number of guests a member may have at a meeting, as there is supposed to be with Univ. Surgeons, but I do not know. I suspect that Wes and Phil will both go, being on the program. It would be a good idea to contact Altemeier by phone if you have not heard by a couple of days before departure time, just to avoid any possible embarrassment. If there is such difficulty, a request to Jeff Browder that you go as his guest might simplify things all around. He is one of your backers for membership, as you will recall. I shall send a copy of my letter to Altemeier also to Jeff, so he will be aware of developments.

Have already written to Wes to congratulate him on his election to Univ. Surgeons and to Jackson on his new Fellowship. Has Wes heard anything about the Health Research Council Fellowship yet?

Am delighted you have found a man for the Jewish Hospital and hope you are well pleased with him. I do not happen to know anything about him and do not recall having met him.

The first dog that Davidson and I did has some venous stasis in the distal colon occasioned by rather low dissection of the mesentery necessary to get approximation of the ends. I do not recall exactly the relationships, but Davidson will have the record for reference. It is possible that the combination of stasis and irritation of the Thiry loop might work where just the irritation did not.

I am rather surprised at Harry Mellins raising a rucus about appointing Bromberg, after all the carefully laid groundwork that had been done before his name was raised. I do not think Bromberg plans to be an absentee landlord, and would not be inclined to put up with such a set-up. On the other hand, Bromberg and Rubin and Walden appear to be the three available people with the best all around backgrounds. Ray Shapiro would have been in, I suspect, if I had had any reason to believe he would ever get his Plastic Boards out of the way. If he has them now, it must have all happened after my departure.

Your propositions about space changes are made from the spot, and you have doubtless given the matter much thought. If it all looks good to you and our full-time staff, why not go ahead with it? In this case, where would the new larger departmental offices for Surgery be located? I feel strongly that more space for offices is needed not only for the Departmental Office as such but for Marv and Wes and Phil and Charlie and Jackson and Kottmeier when he comes back.

In regard to Kottmeier, do you think you could get things lined up so that when he comes back Jan. 1, 1962, he could come back as either an upper range instructor or as an assistant professor? I think one of the worst mistakes I have made was to put Wes on as an instructor. Since that time, I have been unable to get him upped faster than the jogging pace of universal mediocrity imposed by Civil Service. The same problem has occurred with Stuckey's salary, although the academic rank is appropriate.

Am sorry to hear about Frank Watson. This is a real loss. I like your idea about Adamsons if you think he could handle the pathology. Of course,

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when Peter comes back, he too could handle this with ease. I think it is an excellent idea to have a pathologist or two on our own staff, whether board certified as such or not. I quite agree that we cannot longer justify carrying Abrahams and Fishbone, but would check with Gerald Shaftan about Abrahams before speaking to Jess. The two of them have been doing some nice clinical reporting together, and the Trauma Service has been thriving. If we were to do anything that would upset this nice arrangement, we should weaken our trauma work, alienate men like John Brinkman, who can be sound friends and supporters, now that they have been won over by Shaftan and Co., and finally we should load the trauma work on all the rest of us, who in general are not either too fascinated or too accomplished in this field.

My own thought would be that one should raise the question again about the propriety of keeping Jones on the payroll. If he is really sending much time in research and is really doing something worth while, then it might be good to keep him on. On the other hand, I should have dropped him from the payroll last year except that he produced a letter from the Dean saying his appointment went for another year, and demanded that year. The letter was in my opinion a frank error, but the Dean insisted that the wording of the letter did not mean the appointment should run for a year, while I could not see the Dean's interpretation of the written words at all. Be that as it may, I should have taken Jones off the payroll last year except for this technicality. In general, it seems to me that the school and the Dept have come to the point where people should be able to see the advantages of working with us and it should not be necessary to pay part-time salaries except for the purpose for which they were set up, namely to help the beginning young man to get a start. I have made an exception of Roy all along because he means so much to Irv. If you can swing it, I should like to see you hold Adamsons and use him as you suggest.

Now for some further information about ETHYLENE OXIDE STERILIZATION. You will recall that I asked you about requesting installation of such a sterilizer in the new construction some time ago. The unit here has now been checked for effectiveness under the direction of members of the Department of Bacteriology here and found to be fully effective, even for bacteria deliberately placed inside long coils of plastic tubing. The autoclave can also be used for standard steam sterilization. It has one cubic meter capacity. Sterilization is accomplished at 60 degrees Centigrade, with a pressure of one kilogram per square centimeter. A charge of 2 kilograms of ethylene oxide is used, the gas being weighed by suspending the tank on a scale while charging. The secret of the control of both the explosion hazard and the limited effectiveness reported in many American centers seems to be the combined use of moderate heat with steam and of ethylene oxide. Precisely the technique is this: The door is sealed, and the chamber evacuated as fully as possible, here to minus one kilogram per square centimeter. Live steam is run in until the pressure is minus 0.8 kilograms. Then the steam is continued as the gas is run in under a pressure of about one kilogram. Care is taken to limit the temp to about 60 to 70 degrees, so that lucite equipment can also be sterilized, and the process continues until 2 kg of ethylene oxide has been instilled. Then all valves are closed, and the door is left sealed for six hours.

We are looking for patients for left bypass. The medical people all talk favorably, but I shall await favorable action before I believe it.

Many thanks for info on American Heart. Shall figure my needs and send a follow up letter to Am. Heart soon.

Best of luck on Am Surg !

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*Clasura*